PAGE 1 / 12

Image# 201509099001623096

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3X	or Other Than	An Authorized	Committe	ee			
	YPE OR PRINT \		ımple: If typin	g, type	12FE4M5	Office Use Only	
COMMITTEE (in full)			r the lines.				
SOCIETY OF THORAC	IC SURGEO	NS POLITIC	AL ACTIC	ON COMN	∕IITTEE ┴─┴─┴─┴─┴		
ADDRESS (number and street)	20 F STREET, N	V					
V	SUITE 310 C		1 1 1 1	1 1 1 1	1 1 1 1 1		, , I
Check if different than previously reported. (ACC)	WASHINGTON				DC	20001-6704	
2. FEC IDENTIFICATION NUM	MBER ▼	CITY 🛦		5	STATE A	ZIP CODE ▲	
C C00325936		3. IS THIS REPORT	V	IEW N) OR	AM (A)	ENDED	
4. TYPE OF REPORT (Choose One)	(b) Monthly Report	Feb 20 (M2)	N.	May 20 (M5)	Aug	20 (M8) Nov 20 (Non-Ele Year Onl	0 (M11)
(a) Quarterly Reports:	Due On:	Mar 20 (M3)	J	un 20 (M6)	X Sep		0 (M12) ection
April 15		Apr 20 (M4)	J	ul 20 (M7)	Oct 2	20 (M10) Jan 31	• .
Quarterly Report (Q1) July 15	(c) 12-Day		Primary (12P))	General ((12G) Runoff	(12R)
Quarterly Report (Q2)) PRE-EI Report	ection for the:	Convention (1	12C)	Special (12S)	
October 15 Quarterly Report (Q3))		M M /	D D /	Y . Y . Y . Y	in the	
January 31 Year-End Report (YE		Election on				State of	
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-I		General (30G	i)	Runoff (3	OR) Specia	l (30S)
Termination Report (TER)		Election on	M = M /	D	Y	in the State of	
5. Covering Period 08	01	2015	through	M M M	31/	2015	
certify that I have examined this	Report and to th	e best of my kno	wledge and b	elief it is tru	e, correct and	complete.	
Type or Print Name of Treasurer	DR. DOUGLAS J	. MATHISEN					
Signature of Treasurer DR. DC	OUGLAS J. MATHISI	EN	[Electronically	Filed] D	ate 09	/ 09 / Y Y Y 2015	
NOTE: Submission of false, erroneo	ous, or incomplete	information may su	ubject the pers	on signing th	is Report to th	e penalties of 2 U.S.C. §	}437g.
Office Use						FEC FORM 3X	<u> </u>
Ose Only						Rev. 12/2004	

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2015		84511.43
	(b) Cash on Hand at Beginning of Reporting Period	83617.90	
	(c) Total Receipts (from Line 19)	5999.00	105069.00
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	89616.90	189580.43
7.	Total Disbursements (from Line 31)	441.94	100405.47
3.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	89174.96	89174.96
).	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
0.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:	lotal Inis Period	Calendar Year-to-Date
(a) Individuals/Persons Other		
Than Political Committees		
(i) Itemized (use Schedule A)	4250.00	89375.00
(ii) Unitemized	1749.00	15694.00
(iii) TOTAL (add		
Lines 11(a)(i) and (ii)	5999.00	105069.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees		
(such as PACs)	0.00	0.00
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry	5000.00	105060.00
Totals to Line 33, page 5)	5999.00	105069.00
12. Transfers From Affiliated/Other	0.00	0.00
Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
To. All Loans Hedelved		
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures	7	
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made		
to Federal Candidates and Other		0.00
Political Committees	0.00	0.00
 Other Federal Receipts (Dividends, Interest, etc.) 	0.00	0.00
18. Transfers from Non-Federal and Levin F		0.00
(a) Non-Federal Account	unus	
(from Schedule H3)	0.00	0.00
,		
(b) Levin Funds (from Schedule H5)	0.00	0.00
(a) Zeriii i anae (i.e.ii eeneaale ne) iiii	7	7
(c) Total Transfers (add 18(a) and 18(b)	0.00	0.00
19. Total Receipts (add Lines 11(d),		105000.00
12, 13, 14, 15, 16, 17, and 18(c))	5999.00	105069.00
20. Total Federal Receipts		
(subtract Line 18(c) from Line 19)	5999.00	105069.00
(Cabildot Ellio To(o) Holli Ellio To)	0000.00	10000.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures: (a) Allocated Federal/Non-Federal	10101 11110 1 61100	Calcilual Teal-IO-Date
Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(i) N 5 1 101	0.00	0.00
(ii) Non-Federal Share(b) Other Federal Operating	0.00	0.00
(b) Other Federal Operating Expenditures	441.94	4405.47
(c) Total Operating Expenditures		
(add 21(a)(i), (a)(ii), and (b))▶	441.94	4405.47
Transfers to Affiliated/Other Party		
Contributions to	0.00	0.00
Federal Candidates/Committees and Other Political Committees	0.00	96000.00
Independent Expenditures	0.00	0.00
(use Schedule E) Coordinated Party Expenditures	0.00	0.00
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
(acc concade 1)		
Loan Repayments Made	0.00	0.00
Loans Made	0.00	0.00
Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	0.00
(such as PACs)	0.00	0.00
(d) Total Contribution Refunds		
(add Lines 28(a), (b), and (c))▶	0.00	0.00
Other Disbursements	0.00	0.00
Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity		
(from Schedule H6)		
(i) Federal Share	0.00	0.00
		0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely	0.00	0.00
With Federal Funds	0.00	
Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00
() () () () () () () () () ()	7	
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	441.94	100405.47
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	441.94	100405.47

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

II. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	5999.00	105069.00
1. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5999.00	105069.00
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	441.94	4405.47
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
3. Net Operating Expenditures (subtract Line 37 from Line 36)	441.94	4405.47

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

١	TOTAL HOMBETT					PAGE	6	OF	12
١	(che								
	X	11a		11b		11c	12		
		13		14		15	16	;	17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

or f	or commercial purposes, other than using the	name and address of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) SOCIETY OF THORACIC SUR	GEONS POLITICAL ACTION CO	MMITTEE
۹	Full Name (Last, First, Middle Initial) DR. VINAY BADHWAR Mailing Address 1548 ALAQUA DRIVE		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
F for N U	City SEWICKLEY FEC ID number of contributing ederal political committee. Name of Employer JNIVERSITY OF PITTSBURGH Receipt For: Primary General Other (specify)	State Zip Code PA 15143 C Occupation PHYSICIAN Aggregate Year-to-Date ▼ 1000.00	Transaction ID : SA11AI.6322 Amount of Each Receipt this Period 1000.00
3 N _ I f	Full Name (Last, First, Middle Initial) DR. J. MICHAEL DIMAIO Mailing Address 6125 LUTHER LANE City DALLAS FEC ID number of contributing ederal political committee. Name of Employer BAYLOR RESEARCH INSTITUTE Receipt For: Primary General Other (specify)	State Zip Code TX 75225 C Occupation MEDICAL DIRECTOR Aggregate Year-to-Date ▼ 500.00	Date of Receipt M M M / 04 2015 Transaction ID: SA11AI.6330 Amount of Each Receipt this Period 500.00
C N - F f	Full Name (Last, First, Middle Initial) DR. FRANK FAZZALARI Mailing Address 4637 FAWN HILL COURT City ROCHESTER FEC ID number of contributing ederal political committee. Name of Employer UNIVERSITY OF MICHIGAN Receipt For: Primary General Other (specify)	State Zip Code MI 48306 C Occupation PHYSICIAN Aggregate Year-to-Date ▼ 500.00	Date of Receipt M M M
SU	IBTOTAL of Receipts This Page (optional)	>	2000.00
то	TAL This Period (last page this line number of	only)	

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

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	13		14		15	16	;	17

	the name and address of any political committee	
NAME OF COMMITTEE (In Full) SOCIETY OF THORACIC S	URGEONS POLITICAL ACTION C	OMMITTEE
Full Name (Last, First, Middle Initial) A. DR. CONNIE C. HUTTON		Date of Receipt
Mailing Address 67 COPPERLEAF DRIVE		08 13 _ 2015 _
City	State Zip Code	Transaction ID : SA11AI.6345
THE WOODLANDS	TX 77381	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
SOUTHERN TEXAS PHYSICIANS	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) 3. DR. THOMAS K. KALMBACH		Date of Receipt
Mailing Address 2301 MANCHESTER DR	VE	08 31 2015
City	State Zip Code	Transaction ID : SA11AI.6354
VALPARAISO	IN 46385	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer LAKE PORTER CARDIOVASCULAR	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial)	AN	Date of Receipt
Mailing Address 9522 ARROWDEL COUR		08 14 2015
City RICHMOND	State Zip Code VA 23229	Transaction ID : SA11AI.6310 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	_
COMMONWEALTH UNIVERSITY	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	7
Primary	500.00	
SUBTOTAL of Receipts This Page (optiona	I)	1000.00
	·	
TOTAL This Period (last page this line num	ber only)	

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

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1	3	14		15	16		17

or for commercial purposes, other than using t	he name and address of any political committee	
NAME OF COMMITTEE (In Full) SOCIETY OF THORACIC SU	RGEONS POLITICAL ACTION CO	OMMITTEE
Full Name (Last, First, Middle Initial) DR. JAMES D. LUKETICH		Date of Receipt
Mailing Address 30 SWEET WATER LANE		08 31 7 2015
City PITTSBURGH	State Zip Code PA 15238	Transaction ID : SA11AI.6355
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 250.00
Name of Employer UNIVERSITY OF PITTSBURGH Receipt For:	Occupation PHYSICIAN	_
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) 3. DR. JAVID SAIFI	·	Date of Receipt
Mailing Address 319 SOUTH MANNING BO	ULEVARD	08 28 _2015 _
City ALBANY	State Zip Code NY 12208	Transaction ID : SA11AI.6359 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer ALBANY CT SURGEONS	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address 801 KEY HIGHWAY		08 04 _2015 _
City BALTIMORE	State Zip Code MD 21230	Transaction ID : SA11AI.6336 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	1
JOHNS HOPKINS	PHYSICIAN	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional).		1000.00
TOTAL This Period (last page this line number	or only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

١	FOR LINE NUMBER:					PAGE	9	OF	12
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

UI	tor commercial purposes, other than using the	name and address of any political committee to	Solicit Contributions from Such Confinititee.
\rangle	NAME OF COMMITTEE (In Full) SOCIETY OF THORACIC SURG	GEONS POLITICAL ACTION CO	MMITTEE
Δ.	Full Name (Last, First, Middle Initial) DR. PHILIP WRIGHT Mailing Address 295 WAILUPE CIRCLE City HONOLULU FEC ID number of contributing federal political committee. Name of Employer RETIRED Receipt For: Primary General Other (specify) ▼	State Zip Code HI 96821 C Occupation PHYSICIAN Aggregate Year-to-Date ▼	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
3.	Full Name (Last, First, Middle Initial) Mailing Address City FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify) Other (specify)	State Zip Code C Occupation Aggregate Year-to-Date ▼	Date of Receipt M = M / D = D / Y = Y = Y = Y Amount of Each Receipt this Period
Э.	Full Name (Last, First, Middle Initial) Mailing Address City FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify) Other (specify)	State Zip Code C Occupation Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
S	UBTOTAL of Receipts This Page (optional)		250.00
T	OTAL This Period (last page this line number of	only)	4250.00

S 17

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS				FOR LINE NUMBER: PAGE 10 OF 1								
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			Summary Page	X 21b		23	24	25	26			
				27	28a 2	28b	28c	29	30			
	y information copied from such Reports and Statem											
or	for commercial purposes, other than using the name	ne and addr	ess of any politi	cal committee t	o solicit contribu	tions fron	n such c	ommi	tee.			
\setminus	NAME OF COMMITTEE (In Full)											
$ \ \rangle$	SOCIETY OF THORACIC SURGE	ONS PO	DITICAL A	CTION CC	MMITTEE							
/		01101		01101100	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
	Full Name (Last, First, Middle Initial)											
Α.	AMERICAN EXPRESS	Date of Disk	ursemen	t								
	AWERIOAN EXITEEO				Y	V						
	Mailing Address P.O. BOX 53852				08	05		2015	Y			
	Walling / ladi coo 1 .O. BOX 33032				00	0.0		.010				
	City	State	Zip Code									
	PHOENIX	AZ	85072		Transactio	n ID : SB	21B.631	8				
	Purpose of Disbursement	, <u></u>	03072		-							
	CREDIT CARD FEES				Amount of E	ach Dich	urcamar	t thic	Pariod			
	Candidate Name				Amount of L	acii Disb	Disbursement this i chou					
	Candidate Name			Category/				- 4	8.75			
	Office Occupie			Type			7		-			
	Office Sought: House Disbursen											
		Primary	General									
	President	Other (spec	cify) 🔻									
	State: District:											
	Full Name (Last, First, Middle Initial)											
В.	AUTHORIZE.NET				Date of Disk	ursemen	t					
					M M /	D D	/ Y	Y	Υ			
	Mailing Address P.O. BOX 8999		08	04	_ 2	2015						
	5 1.0.207.0000											
	City	State	Zip Code			.D. 05		_				
	SAN FRANCISCO	CA	94128		Transaction	n ID : 5E	321B.631	1				
	Purpose of Disbursement				1							
	CREDIT CARD FEES			Amount of E	ach Disb	ursemer	t this	Period				
	Candidate Name			Category/								
				Type			- m - 1	2	5.80			
	Office Sought: House Disbursen	nent For:		71	1		,					
		Primary	General									
		Other (spec										
	State: District:	Outlot (opoc	yy/ ▼									
_												
_	Full Name (Last, First, Middle Initial)				Data of Diale							
C.	MERCHANT SERVICES				Date of Disk	ursemen	ι					
					M = M /	D D		Y	Υ			
	Mailing Address 7300 CHAPMAN HIGHWAY		08	03	2	2015						
	0"		7: 6 :		-							
	,	State	Zip Code		Transaction	n ID : SE	321B.631	6				
		TN	37920		-							
	Purpose of Disbursement CREDIT CARDS FEES											
					Amount of Each Disbursement this Period							
	Candidate Name						G	6.95				
				Category/ Type			7	o	0.30			
	Office Sought: House Disbursen	nent For:										
	Senate	Primary	General									
	President	Other (spec	cify) 🔻									
	State: District:											
Г	'							_				
١,	UBTOTAL of Disbursements This Page (optional)							14	1.50			
Ľ							7	-				
١,	OTAL This Period (last nage this line number only)							-				

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SCHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 11 OF 12								12					
	EMIZED DISBURSEMENTS	Use separate schedule(s)		(check only			ly one)						<u> </u>			
		for each category of the Detailed Summary Page		X	21b 27		22 28a		23 28b	F	24	4 Bc	25 29		26 30b	
	ly information copied from such Reports and Staten for commercial purposes, other than using the nam															
\setminus	NAME OF COMMITTEE (In Full)	•														
	SOCIETY OF THORACIC SURGE	ONS POLITICAL A	CTI	NC	СО	ΜN	lΙΤ	ΓΕΙ	Ξ							
٨	Full Name (Last, First, Middle Initial)					2	ato c	of Di	churc	om	ont					
Α.	MERCHANT SERVICES						Date of Disbursement									
	Mailing Address 7300 CHAPMAN HIGHWAY						08 10 2015									
		State Zip Code TN 37920					Γran	sact	ion ID) : ˈ	SB21	1B.63	15			
	KNOXVILLE Purpose of Disbursement	TN 37920														
	CREDIT CARDS FEES		Г			Aı	nour	nt of	Each	D	isbur	seme	nt this	Peri	iod	
	Candidate Name			tegoi		Γ							18	30.01	П	
	Office Sought: House Disbursen	nent For:		Гуре				Ť	7			,				
	Senate	Primary General														
	President	Other (specify) ▼														
_	State: District:									_						
В.	Full Name (Last, First, Middle Initial) SUNTRUST BANK								sburse			V	V	V		
	Mailing Address 3440 WISCONSIN AVENUE, NW							08 20 2015								
	City S WASHINGTON	State Zip Code DC 20016					Tran	sact	ion IE) :	SB2	1B.63	46			
	Purpose of Disbursement	20010			_											
	BANK CHARGES		L			Amount of Each Disbursement this Period								iod		
	Candidate Name	Category/ Type							,			,	1:	20.43	3	
	Office Sought: House Disbursen	nent For:														
	Senate President	Primary General														
	State: District:	Other (specify) ▼														
	Full Name (Last, First, Middle Initial)															
C.						D	ate o	of Di	sburse	em	ent					
	Mailing Address				Г	A II N	1 /	D	D	1	Υ	Y	Y			
	waiiiig Address						_			_						
	City															
	Purpose of Disbursement															
	Candidate Name		Category/ Type				Amount of Each Disbursement this Period						iod			
	Office Sought: House Disbursen	nent For:		,,,,			Ť		1			7				
	Senate	Primary General														
	State: District:	Other (specify) ▼														
г	State. District.					_				_	_					
s	UBTOTAL of Disbursements This Page (optional)				•				. — I				30	0.44		
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T	OTAL This Period (last page this line number only)				•				7			,	44	1.94	_	

SCHEDULE B (FEC Form 3X)	ller	make a shared of C	FOR LINE I	NUMBER:		PAGE	12 0	F 12
ITEMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	(check only 21b 27	one) 22 28a	X 23 28b	24 28c	25 29	26
Any information copied from such Reports and Staten								
or for commercial purposes, other than using the name NAME OF COMMITTEE (In Full) SOCIETY OF THORACIC SURGE						om such C	ommitte	е.
Full Name (Last, First, Middle Initial)				Data of	Dishursom	ant		
Mailing Address P.O. BOX 31129	Date of Disbursement 08 31 2015							
City								
SANTA FE	NM	Zip Code 87594		Trans	action ID : S	B23.6357		
Purpose of Disbursement VOID 07/22/2015 CONTRIBUTION		T]	Amount	of Each Dis	sbursemer	nt this P	eriod
Candidate Name BEN RAY LUJAN			Category/ Type				-1000.	00
Office Sought: House Disbursen	nent For: 2 Primary Other (spec	General	Туре			7		
Full Name (Last, First, Middle Initial)				5				
B. PEOPLE FOR BEN				Date of	Disburseme		Y	·
Mailing Address P.O. BOX 31129				08	31		2015	
SANTA FE	State NM	Zip Code 87594		Trans	action ID : \$	SB23.6358	}	
Purpose of Disbursement CONTRIBUTION		\Box		Amount	of Each Dis	sbursemer	nt this P	eriod
Candidate Name BEN RAY LUJAN			Category/ Type				1000.	00
Office Sought: House Disbursen	nent For: 2 Primary Other (spec	General	Туре		, , , ,	-,		
Full Name (Last, First, Middle Initial) C.			Disburseme					
Mailing Address		M = M	/ D D	/ Y	Y	Y		
City	State	Zip Code						
Purpose of Disbursement								
Candidate Name			Category/ Type	-	of Each Dis			eriod
Office Sought: House Disbursen	nent For: Primary Other (spec	General cify) ▼				, ,		
SUBTOTAL of Disbursements This Page (optional)							0.0	00
				-	1	,		20
TOTAL This Period (last page this line number only)				1 .			0.0	JU